

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>101609088</i>	FILING DATE
						APPLICANT(S)	
<i>8124705</i> CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				51	
2			/			52	
3			/			53	
4			/			54	
5			/			55	
6			/			56	
7						57	
8			/			58	
9			/			59	
10			/			60	
11			/			61	
12						62	
13						63	
14						64	
15			/			65	
16			/			66	
17			/			67	
18			/			68	
19			/			69	
20			/			70	
21			/			71	
22			/			72	
23			/			73	
24			/			74	
25			/			75	
26			/			76	
27			/			77	
28			/			78	
29			/			79	
30			/			80	
31			/			81	
32			/			82	
33			/			83	
34			/			84	
35			/			85	
36			/			86	
37			/			87	
38			/			88	
39			/			89	
40			/			90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.			4			TOTAL IND.	
TOTAL DEP.		31				TOTAL DEP.	
TOTAL CLAIMS		35				TOTAL CLAIMS	

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						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.						TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			